| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| MIDDLE DISTRICT OF TENNESSEE | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Dayna First name Lynn Middle name | First name Middle name |
| | Bring your picture identification to your meeting with the trustee. | Hunter Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9301 | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 630 St. Andrews Dr. Apt I301 Murfreesboro, TN 37128 | If Debtor 2 lives at a different address: |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Rutherford | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

| Deb | otor 1 Dayna Lynn Hunte | er | | | | Case nu | ımber (if known) | |
|-----|---|------------|----------------------------|--|-------------------------|---|--|--|
| | | | | | | | | |
| Par | Tell the Court About | our Bank | ruptcy Ca | se | | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | rief description of each, see a go to the top of page 1 and c | | | C. § 342(b) for Individu | uals Filing for Bankruptcy |
| | choosing to file under | ☐ Chapt | ter 7 | | | | | |
| | | ☐ Chapt | ter 11 | | | | | |
| | | ☐ Chapt | ter 12 | | | | | |
| | | ■ Chapt | ter 13 | | | | | |
| 8. | How you will pay the fee | abo ord | out how yo | entire fee when I file my pe u may pay. Typically, if you a attorney is submitting your pa address. | re paying | the fee yourself, yo | ou may pay with cash | , cashier's check, or money |
| | | | | the fee in installments. If ye in Installments (Official For | | e this option, sign a | and attach the Applica | ation for Individuals to Pay |
| | | | • | t my fee be waived (You ma | , | this option only if y | ou are filing for Chap | oter 7. By law, a judge may, |
| | | but apr | is not requ lies to you | uired to, waive your fee, and ur family size and you are unain to Have the Chapter 7 Filin | may do so able to pa | o only if your incom y the fee in installm | ne is less than 150% on ments). If you choose t | of the official poverty line that this option, you must fill out |
| 9. | Have you filed for bankruptcy within the | □ No. | | | | | | |
| | last 8 years? | Yes. | | | | | | |
| | | | District | Middle Tennessee (Chapter 13 Dismissed) | When | 8/31/17 | Case number | 17-bk-05956 |
| | | | District | Disillisseuj | When | | Case number | |
| | | | District | | When | | Case number | |
| | | | Diotriot | | _ ******* | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | | Debtor | | | | Relationship to y | ou |
| | | | District | | _ When | | Case number, if | known |
| | | | Debtor | | | | Relationship to y | ou |
| | | | District | | _ When | | Case number, if | known |
| 11. | Do you rent your | □ No. | Go to li | ne 12. | | | | |
| | residence? | Yes. | Has yo | ur landlord obtained an evicti | on judgm | ent against you? | | |
| | | | | No. Go to line 12. | | | | |
| | | | | Yes. Fill out <i>Initial Statemen</i> bankruptcy petition. | t About ar | n Eviction Judgmen | nt Against You (Form | 101A) and file it with this |
| | | | | | | | | |

| Deb | otor 1 Dayna Lynn Hunte | er | | Case number (if known) |
|-----|---|-----------------------|---|--|
| | | | | |
| Par | Report About Any Bu | ısinesses | You Own as a Sole Propri | etor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | |
| | | ☐ Yes. | Name and location of bu | usiness |
| | A sole proprietorship is a | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, St | ate & ZIP Code |
| | it to this petition. | | Check the appropriate b | ox to describe your business: |
| | | | ☐ Health Care Bus | iness (as defined in 11 U.S.C. § 101(27A)) |
| | | | ☐ Single Asset Rea | al Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | ☐ Stockbroker (as) | defined in 11 U.S.C. § 101(53A)) |
| | | | ☐ Commodity Brok | ter (as defined in 11 U.S.C. § 101(6)) |
| | | | ☐ None of the above | ve |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | s. If you indicate that you are | e court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am not filing under Cha | apter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapte Code. | r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am filing under Chapte | r 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | Penart if You Own or | Have An | v Hazardous Property or A | ny Property That Needs Immediate Attention |
| | Do you own or have any | ■ No. | y riazardous i roperty or A | Troperty That Needs Inimediate Attention |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | |
| | of imminent and identifiable hazard to public health or safety? | ⊔ Yes. | What is the hazard? | |
| | Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | |
| | , - | | | Number, Street, City, State & Zip Code |
| | | | | |
| | | | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Dayna Lynn Hunte | er | | Case number | (if known) |
|-----|--|-----------------------|---|---|---|
| Par | t 6: Answer These Questi | ons for Re | eporting Purposes | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily cons individual primarily for a personal | umer debts? Consumer debts are definal, family, or household purpose." | ed in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | | ness debts? Business debts are debts thent or through the operation of the busin | |
| | | | ☐ No. Go to line 16c. | | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | State the type of debts you owe | that are not consumer debts or business | s debts |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7. | Go to line 18. | |
| | Do you estimate that after any exempt | ☐ Yes. | | you estimate that after any exempt properble to distribute to unsecured creditors? | erty is excluded and administrative expenses |
| | property is excluded and administrative expenses | | □ No | | |
| | are paid that funds will be available for | | ☐ Yes | | |
| | distribution to unsecured creditors? | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | ☐ 25,001-50,000 |
| | you estimate that you owe? | ☐ 50-99 | | ☐ 5001-10,000 | □ 50,001-100,000 |
| | owe: | ☐ 100-19 | | ☐ 10,001-25,000 | ☐ More than100,000 |
| | | 200-99 | 99 | | |
| 19. | How much do you | S \$0 - \$5 | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| | | — \$500,0 | | | |
| 20. | How much do you estimate your liabilities | □ \$0 - \$5 — | | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion |
| | to be? | | 01 - \$100,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion |
| | | | 001 - \$500,000 001 - \$1 million | □ \$100,000,001 - \$100 million | ☐ More than \$50 billion |
| | | — \$000,0 | ver williamen | | |
| Par | 7: Sign Below | | | | |
| For | you | I have exa | amined this petition, and I declare | e under penalty of perjury that the inform | ation provided is true and correct. |
| | | | | am aware that I may proceed, if eligible, f available under each chapter, and I cho | under Chapter 7, 11,12, or 13 of title 11, pose to proceed under Chapter 7. |
| | | | | pay or agree to pay someone who is not otice required by 11 U.S.C. § 342(b). | an attorney to help me fill out this |
| | | I request | relief in accordance with the chap | oter of title 11, United States Code, spec | ified in this petition. |
| | | bankrupto and 3571 | y case can result in fines up to \$ | ncealing property, or obtaining money or 250,000, or imprisonment for up to 20 ye | property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | | a Lynn Hunter ynn Hunter | Signature of Debtor | 2 |
| | | | of Debtor 1 | 2.ga.a.o o 20000 | |
| | | Executed | on October 17, 2019 | Executed on | |
| | | | MM / DD / YYYY | | / DD / YYYY |
| | | | | | |

| Debtor 1 | Dayna Lynn Hunter | Case number (if known) | |
|----------|-------------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jon Daniel Long Signature of Attorney for Debtor | Date | October 17, 2019 MM / DD / YYYY |
|--|---------------|------------------------------------|
| Jon Daniel Long Printed name | | |
| Long, Burnett, and Johnson, PLLC | | |
| 302 42nd Ave. N Nashville, TN 37209 | | |
| Number, Street, City, State & ZIP Code Contact phone 615-386-0075 | Email address | ecfmail@tennessee-bankruptcy.com |
| 31211 TN Bar number & State | _ | |

| Fill | n this information | to identify your | case: | | | |
|---------|--|---------------------------------------|--|--|--------------------|-----------------------------|
| Deb | | yna Lynn Hunt | | | | |
| Deb | First | Name | Middle Name | Last Name | | |
| | · · · · · · · · · · · · · · · · · · · | Name | Middle Name | Last Name | | |
| Unite | ed States Bankrupto | cy Court for the: | MIDDLE DISTRICT OF | TENNESSEE | | |
| 1 | e number | | | | - 0 | *** |
| (if kno | own) | | | | _ | if this is an ded filing |
| | | | | | | |
| Off | icial Form [*] | 106Sum | | | | |
| | | | | nd Certain Statistical Information | | 12/15 |
| infor | mation. Fill out all original forms, yo | of your schedule u must fill out a | es first; then complete t | e are filing together, both are equally responsible he information on this form. If you are filing amen k the box at the top of this page. | ded schedu | es after you file |
| | | | | | Your as Value o | ssets f what you own |
| 1. | Schedule A/B: Pro 1a. Copy line 55, T | operty (Official Fo | orm 106A/B) om Schedule A/B | | \$ | 0.00 |
| | 1b. Copy line 62, T | otal personal pro | perty, from Schedule A/B. | | \$ | 22,505.00 |
| | 1c. Copy line 63, T | otal of all property | on Schedule A/B | | \$ | 22,505.00 |
| Part | 2: Summarize | our Liabilities | | | | |
| | | | | | | abilities t you owe |
| 2. | | | laims Secured by Propert | y (Official Form 106D) the bottom of the last page of Part 1 of Schedule D | . \$ | 28,500.00 |
| 3. | | | Unsecured Claims (Official) 1 (priority unsecured clair | al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | 3b. Copy the total | claims from Part | 2 (nonpriority unsecured of | claims) from line 6j of Schedule E/F | \$ | 26,573.51 |
| | | | | Your total liabilitie | s \$ | 55,073.51 |
| Part | 3: Summarize | our Income and | Expenses | | | |
| 4. | Schedule I: Your II Copy your combine | | | e I | \$ | 2,762.64 |
| 5. | Schedule J: Your E Copy your monthly | | | | \$ | 2,205.00 |
| Part | 4: Answer Thes | se Questions for | Administrative and Stat | tistical Records | | |
| 6. | | | er Chapters 7, 11, or 13? on this part of the form. C | heck this box and submit this form to the court with y | our other sch | nedules. |
| 7. | ■ Yes What kind of debt | do you have? | | | | |
| | | | | debts are those "incurred by an individual primarily fo | r a personal, | family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

page 1 of 2

Desc Main

Best Case Bankruptcy

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,241.76

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total claim | |
|--|-------------|------|
| , , , | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Dayna Lynn Hunter | | | | |
|--|--|--|---|---|--|
| Debtor 1 | Dayna Lynn Hunter First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: MIDD | LE DISTRICT OF TEN | NESSEE | | |
| Case number | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official Fo | orm 106A/B | | | | |
| _ | le A/B: Propert | У | | | 12/15 |
| nink it fits best. nformation. If mo nswer every que | | ossible. If two married per rate sheet to this form. O | ople are filing together, both a n the top of any additional pag | re equally responsible for su | pplying correct |
| | e Each Residence, Building, Land, | | | | |
| _ | r have any legal or equitable intere | st in any residence, build | ling, land, or similar property? | | |
| No. Go to P | | | | | |
| ☐ Yes. Where | e is the property? | | | | |
| | | | | | |
| Part 2: Describ | e Your Vehicles | | | | |
| omeone else d | ase, or have legal or equitable rives. If you lease a vehicle, also trucks, tractors, sport utility ve | report it on Schedule 6 | | | ehicles you own that |
| omeone else d | rives. If you lease a vehicle, also | report it on Schedule 6 | | | ehicles you own that |
| Cars, vans, 1 No Yes 3.1 Make: | rives. If you lease a vehicle, also trucks, tractors, sport utility ve | report it on <i>Schedule G</i> chicles, motorcycles Who has an interest i | | Do not deduct secured cluthe amount of any secure | aims or exemptions. Put |
| omeone else d Cars, vans, t No Yes | rives. If you lease a vehicle, also | who has an interest i | G: Executory Contracts and U | Do not deduct secured classes. Do not deduct secured classes the amount of any secure Creditors Who Have Claim | aims or exemptions. Put d claims on Schedule D: ms Secured by Property. |
| Cars, vans, f No Yes 3.1 Make: Model: Year: Approxim | Toyota Corolla 2013 ate mileage: 150000 | who has an interest i Debtor 1 only Debtor 1 and Debtor | G: Executory Contracts and U n the property? Check one | Do not deduct secured cluthe amount of any secure | aims or exemptions. Put d claims on Schedule D: ms Secured by Property. |
| Omeone else d Cars, vans, 1 No Yes 3.1 Make: Model: Year: | Toyota Corolla 2013 ate mileage: 150000 | who has an interest i Debtor 1 only Debtor 2 only | G: Executory Contracts and U n the property? Check one | Do not deduct secured class the amount of any secure Creditors Who Have Claim Current value of the entire property? | aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of the |
| Cars, vans, f No Yes 3.1 Make: Model: Year: Approxim | Toyota Corolla 2013 ate mileage: 150000 | who has an interest i Debtor 1 only Debtor 1 and Debtor | n the property? Check one or 2 only debtors and another | Do not deduct secured clause amount of any secure Creditors Who Have Claim | aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of the |
| Omeone else d Cars, vans, f No Yes 3.1 Make: Model: Year: Approxim Other info | Toyota Corolla 2013 ate mileage: 150000 | who has an interest i Debtor 1 only Debtor 2 only Debtor 1 and Debto At least one of the of (see instructions) | n the property? Check one or 2 only debtors and another mmunity property | Do not deduct secured class the amount of any secure Creditors Who Have Claim Current value of the entire property? \$6,750.00 | aims or exemptions. Put declaims on Schedule D: ms Secured by Property. Current value of the portion you own? \$6,750.00 |
| Cars, vans, f No Yes 3.1 Make: Model: Year: Approxim | Toyota Corolla 2013 ate mileage: 150000 | who has an interest i Debtor 1 only Debtor 2 only Debtor 1 and Debto At least one of the of (see instructions) Who has an interest i | n the property? Check one or 2 only debtors and another | Do not deduct secured class the amount of any secure Creditors Who Have Claim Current value of the entire property? \$6,750.00 | aims or exemptions. Put id claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$6,750.00 |
| Omeone else d Cars, vans, t No Yes 3.1 Make: Model: Year: Approxim Other info | Toyota Corolla 2013 ate mileage: 150000 Nissan Rogue 2016 | who has an interest i Debtor 1 only Debtor 2 only Debtor 1 and Debto At least one of the of (see instructions) Who has an interest i Debtor 1 only Debtor 2 only | n the property? Check one or 2 only debtors and another mmunity property n the property? Check one | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$6,750.00 Do not deduct secured class amount of any secure Creditors Who Have Clair Current value of the | aims or exemptions. Put de claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$6,750.00 aims or exemptions. Put de claims on Schedule D: ms Secured by Property. Current value of the |
| Cars, vans, to No No Yes 3.1 Make: Model: Year: Approxim Other info | Toyota Corolla 2013 ate mileage: 150000 Nissan Rogue 2016 ate mileage: 75000 | who has an interest i Debtor 1 and Debto At least one of the of (see instructions) Who has an interest i Debtor 2 only Debtor 1 and Debto At least one of the of (see instructions) | n the property? Check one or 2 only debtors and another mmunity property n the property? Check one | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$6,750.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair | aims or exemptions. Put de claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$6,750.00 aims or exemptions. Put de claims on Schedule D: ms Secured by Property. |
| Omeone else d Cars, vans, t No Yes 3.1 Make: Model: Year: Approxim Other info | Toyota Corolla 2013 ate mileage: 150000 Nissan Rogue 2016 ate mileage: 75000 | who has an interest i Debtor 1 only Debtor 2 only Debtor 4 this is co (see instructions) Who has an interest i Debtor 2 only At least one of the of | n the property? Check one or 2 only debtors and another mmunity property n the property? Check one | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$6,750.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Put de claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$6,750.00 aims or exemptions. Put de claims on Schedule D: ms Secured by Property. Current value of the portion you own? |
| Cars, vans, to No No Yes 3.1 Make: Model: Year: Approxim Other info | Toyota Corolla 2013 ate mileage: 150000 Nissan Rogue 2016 ate mileage: 75000 | who has an interest i Debtor 1 and Debto At least one of the of (see instructions) Who has an interest i Debtor 2 only Debtor 1 and Debto At least one of the of (see instructions) | n the property? Check one or 2 only debtors and another mmunity property n the property? Check one | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$6,750.00 Do not deduct secured class amount of any secure Creditors Who Have Clair Current value of the | aims or exemptions. Put de claims on Schedule Dems Secured by Property. Current value of the portion you own? \$6,750.00 aims or exemptions. Put de claims on Schedule Dems Secured by Property. Current value of the |
| Cars, vans, to No No Yes 3.1 Make: Model: Year: Approxim Other info | Toyota Corolla 2013 ate mileage: 150000 Nissan Rogue 2016 ate mileage: 75000 | who has an interest i Debtor 1 only Debtor 2 only Debtor 1 and Debto At least one of the of (see instructions) Who has an interest i Debtor 1 only Check if this is co (see instructions) | n the property? Check one or 2 only debtors and another mmunity property n the property? Check one | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$6,750.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Put de claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$6,750.00 aims or exemptions. Put de claims on Schedule D: ms Secured by Property. Current value of the portion you own? |
| Omeone else d Cars, vans, t No Yes 3.1 Make: Model: Year: Approxim Other info Other info Other info Other info | Toyota Corolla 2013 ate mileage: 150000 Nissan Rogue 2016 ate mileage: 75000 | Who has an interest i Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the of (see instructions) Who has an interest i Debtor 1 only Check if this is co (see instructions) | n the property? Check one or 2 only debtors and another mmunity property n the property? Check one or 2 only debtors and another mmunity property | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$6,750.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$12,650.00 | aims or exemptions. Put id claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$6,750.00 aims or exemptions. Put id claims on Schedule D: ms Secured by Property. Current value of the portion you own? |
| Omeone else d Cars, vans, t No Yes 3.1 Make: Model: Year: Approxim Other info Approxim Other info Other info Watercraft, a | Toyota Corolla 2013 ate mileage: 150000 Nissan Rogue 2016 ate mileage: 75000 | Who has an interest i Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the of (see instructions) Who has an interest i Debtor 1 only Check if this is co (see instructions) Who has an interest i Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the of (see instructions) | n the property? Check one or 2 only debtors and another mmunity property n the property? Check one or 2 only debtors and another mmunity property debtors and another mmunity property | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$6,750.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$12,650.00 | aims or exemptions. Put de claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$6,750.0 aims or exemptions. Put de claims on Schedule D: ms Secured by Property. Current value of the portion you own? |

Official Form 106A/B Schedule A/B: Property page 1

| Debtor | Dayna Lynn | Hunter Case | number (if known) | |
|--|---|---|-------------------|---|
| | | f the portion you own for all of your entries from Part 2, including any e ned for Part 2. Write that number here | | \$19,400.00 |
| | l | | ' | |
| | | onal and Household Items | | Current value of the |
| DO YOU | own or nave any | legal or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Exa</i> □ N | | furnishings nces, furniture, linens, china, kitchenware | | · |
| | co. Describe | | | |
| | | See Attached Household Goods List | | \$660.00 |
| | mples: Televisions a including cel | and radios; audio, video, stereo, and digital equipment; computers, printers, s Il phones, cameras, media players, games | scanners; music c | ollections; electronic devices |
| | | See Attached Electronics Inventory List | | \$925.00 |
| Exa N Y P P Fire Ex N Y T T T T T T T T T T T T T T T T T T | other collect to es. Describe pment for sports a mples: Sports, photo musical instr to es. Describe parms amples: Pistols, rifle to es. Describe thes amples: Everyday c | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clu | | |
| | | Clothing, | | \$500.00 |
| | | Clouding, | | Ψ500.00 |
| | amples: Everyday je | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, | watches, gems, g | old, silver |
| | | Costume/Wedding | | \$500.00 |
| | n-farm animals amples: Dogs, cats, o | birds, horses | | |

■ Yes. Describe.....

Official Form 106A/B Schedule A/B: Property

page 2

| Debtor 1 | Dayna Lynn | Hunter | | Case number (if known) | |
|--------------|---|--|---|---|--|
| | | 2 dogs | | | \$20.00 |
| ■ No | other personal and | - | did not already list, includi | ng any health aids you did not list | |
| | | - | m Part 3, including any ent | ries for pages you have attached | \$2,605.00 |
| | Describe Your Financ | | t in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | mples: Money you h | nave in your wallet, in you | • | x, and on hand when you file your petiti | on |
| | | | | Cash, | \$20.00 |
| □ No | institutions. | If you have multiple accou | unts with the same institution | osit; shares in credit unions, brokerage n, list each. | houses, and other similar |
| | | 17.1. Saving | FOUR | | \$480.00 |
| | | or publicly traded stock investment accounts with | s a brokerage firms, money ma | arket accounts | |
| | S | Institution or issu | | | |
| | venture | ock and interests in inco | orporated and unincorpora | ted businesses, including an interes | it in an LLC, partnership, and |
| ☐ Ye | s. Give specific info | ormation about them Name of entity: | | % of ownership: | |
| Neg | otiable instruments | include personal checks, | egotiable and non-negotia cashiers' checks, promissor t transfer to someone by sign | y notes, and money orders. | |
| ☐ Ye | s. Give specific info | rmation about them Issuer name: | | | |
| _Exa | ement or pension mples: Interests in I | | x), 403(b), thrift savings acco | ounts, or other pension or profit-sharing | plans |
| ■ No □ Ye | s. List each accoun | t separately. Type of account: | Institution name: | | |
| You | | d deposits you have made | | service or use from a company as, water), telecommunications compa | nies, or others |
| | S | | Institution name of | or individual: | |
| Official Fo | orm 106A/B | | Schedule A/B: Propert | ty | page 3 |

Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com Case~3:19-bk-06774~Doc~1

Best Case Bankruptcy

| De | ebtor 1 | Dayna Lynn Hunter | Case number (if known) | | | |
|-----|---|---|--|---|--|--|
| 23. | Annuitie ■ No | ss (A contract for a periodic payment of money to you, either for life or for a numb | per of years) | | | |
| | ☐ Yes | Issuer name and description. | | | | |
| 24. | Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | | | | | |
| | ☐ Yes | Institution name and description. Separately file the records of any | interests.11 U.S.C. § 521(c): | | | |
| 25. | ■ No | equitable or future interests in property (other than anything listed in line 1) |), and rights or powers exercisable | e for your benefit | | |
| | ⊔ Yes. (| Give specific information about them | | | | |
| 26. | Example ■ No | copyrights, trademarks, trade secrets, and other intellectual property es: Internet domain names, websites, proceeds from royalties and licensing agre | ements | | | |
| | ☐ Yes. (| Give specific information about them | | | | |
| 27. | | s, franchises, and other general intangibles es: Building permits, exclusive licenses, cooperative association holdings, liquor | licenses, professional licenses | | | |
| | ☐ Yes. (| Sive specific information about them | | | | |
| M | oney or p | roperty owed to you? | po Do | rrent value of the rtion you own? not deduct secured ims or exemptions. | | |
| 28. | Tax refu | nds owed to you | | | | |
| | ■ No □ Yes. 0 | rive specific information about them, including whether you already filed the retur | rns and the tax years | | | |
| 29. | ■ No | support es: Past due or lump sum alimony, spousal support, child support, maintenance, | divorce settlement, property settleme | ent | | |
| | — 103. 0 | ive specific information | | | | |
| 30. | | nounts someone owes you es: Unpaid wages, disability insurance payments, disability benefits, sick pay, va- benefits; unpaid loans you made to someone else | cation pay, workers' compensation, | Social Security | | |
| | _ | Give specific information | | | | |
| 31. | | s in insurance policies es: Health, disability, or life insurance; health savings account (HSA); credit, hom | neowner's, or renter's insurance | | | |
| | | ame the insurance company of each policy and list its value. Company name: Bene | • | urrender or refund alue: | | |
| 32. | If you a | rest in property that is due you from someone who has died e the beneficiary of a living trust, expect proceeds from a life insurance policy, or e has died. | r are currently entitled to receive prop | perty because | | |
| | ■ No □ Yes. | Sive specific information | | | | |
| 33. | _Exampl | against third parties, whether or not you have filed a lawsuit or made a demes: Accidents, employment disputes, insurance claims, or rights to sue | nand for payment | | | |
| | ■ No □ Yes. I | Describe each claim | | | | |

Schedule A/B: Property Official Form 106A/B page 4

| Debt | or 1 | Dayna Lynn Hunter | | Case number (if known) | |
|----------------|--------------|---|----------------------------|---------------------------------|-------------|
| | other o | contingent and unliquidated claims of every nature, inclu | ding counterclaims | of the debtor and rights to set | off claims |
| | Yes. | Describe each claim | | | |
| _ | ny fin No | nancial assets you did not already list | | | |
| | Yes. | Give specific information | | | |
| | | the dollar value of all of your entries from Part 4, includin art 4. Write that number here | | | \$500.00 |
| Part 5 | 5: De | scribe Any Business-Related Property You Own or Have an Inter | est In. List any real esta | ate in Part 1. | |
| 37. D o | o you d | own or have any legal or equitable interest in any business-relate | ed property? | | |
| | No. Go | to Part 6. | | | |
| | Yes. C | Go to line 38. | | | |
| Part 6 | | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. D | o you | ı own or have any legal or equitable interest in any farm- | or commercial fishin | ng-related property? | |
| ı | No. | Go to Part 7. | | | |
| [| ☐ Yes | . Go to line 47. | | | |
| | | | | | |
| Part 7 | 7: | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| 50 5 | | have all a superior of any lived and all and also also lived | | | |
| | | I have other property of any kind you did not already list obles: Season tickets, country club membership | , | | |
| | No. | one course actions, country class members in | | | |
| | | Give specific information | | | |
| | | · | | | |
| 54. | Add t | he dollar value of all of your entries from Part 7. Write the | at number here | | \$0.00 |
| | | | | | |
| Part 8 | 3: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | l: Total real estate, line 2 | | | \$0.00 |
| | | 2: Total vehicles, line 5 | \$19,400.00 | · | |
| | | 3: Total personal and household items, line 15 | \$2,605.00 | | |
| | | 1: Total financial assets, line 36 | \$500.00 | | |
| 59. | Part 5 | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$22,505.00 | Copy personal property total | \$22,505.00 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$22,505.00 |
| | | | | | |

Official Form 106A/B Schedule A/B: Property page 5

United States Bankruptcy Court Middle District of Tennessee

| | | Mi | ddle District of Te | nnessee | | |
|--|-------|---------|------------------------|---------|----------|-------------------|
| In re Hunter | • | | | | | |
| | | | Debtor | | | |
| | | HOI | JSEHOLD GOODS | SHEET | | |
| | | | | | | |
| | | | Household Goods | LIST | | |
| Living Room | | | | | | |
| Description of | | 1/4 | alua af agala itawa | | | |
| Property | 1 | <u></u> | alue of each item 3 | 4 | 5 | Total Value |
| Couch(es) | 50 | | | | | 50 |
| Bookcase(s) | 15 | | | | | 15 |
| Desk(s) | 10 | | | | | 10 |
| Chair(s) | 15 | 15 | | | | 30 |
| Table(s) | 30 | - 10 | | | | 30 |
| Lamp(s) | 10 | 10 | 10 | 10 | | 40 |
| Other: | 10 | 10 | 10 | 10 | | _ - TU |
| | | | | | | |
| | | | | | Total: | 165 |
| <u>Dining Room</u> Description of Property | | Va | alue of each item | | | |
| , , | 1 | 2 | 3 | 4 | 5 | Total Value |
| Table(s) | 30 | | | | | 30 |
| Chair(s) | 10 | 10 | 10 | 10 | | 40 |
| Lamp(s) | | | | | | |
| China Closet(s) | | | | | | |
| China | | | | | | |
| Silverware | 20 | | | | | 20 |
| Other: | | | | | | |
| | | | | | | |
| | | | | | Total: | 90 |
| | | | | | | |
| Bedrooms | | | | | | |
| Description of | | M | alice of early Stone | | | |
| Property | 4 | <u></u> | alue of each item 3 | | 5 | Total Value |
| Bed(s) | 1 100 | | <u>3</u> | 4 | <u> </u> | |
| Chair(s) | 100 | 50 | | | | 150 |
| Dresser(s) | 50 | F.O. | | | | 100 |
| Chest(s) of | | 50 | | | | |
| Drawers | 25 | | | | | 25 |
| Desk(s) | | | | | | |
| Mirror(s) | 10 | | | | | 10 |
| Lamp(s) | 10 | | | | | 10 |
| Vanity(s) | | | | | | |
| vanity(3) | | | | | | |

Software Copyright (c) 1996-2015 Best Case, LLC - www.bestcase.com

Other:

Best Case Bankruptcy

285

Total:

Kitchen Description of Value of each item Property 5 Total Value Table(s) Chair(s) Microwave(s) Refrigerator(s) Deep Freezer(s) Dishwasher(s) Washing Machine(s) Dryer(s) Stove(s) Dishes 20 20 20 Cookware 20 Other: Total: 40

 $\underline{\underline{Other\ Rooms\ (Hallways, Bathrooms, Garage, Attic, Basement, Shed,\ etc.}}$

| Property | | Value of each item | | | | |
|-----------------------|----|--------------------|---|---|--------|-------------|
| | 1 | 2 | 3 | 4 | 5 | Total Value |
| Desk(s) | | | | | | |
| Chair(s) | | | | | | |
| Game Table(s) | | | | | | |
| Sewing Machine(s) | 20 | | | | | 20 |
| Vacuum Cleaner(s) | 50 | | | | | 50 |
| Iron(s) | 10 | | | | | 10 |
| Air Conditioner(s) | | | | | | |
| Tool(s) | | | | | | |
| Power Tool(s) | | | | | | |
| Lawn Mower(s) | | | | | | |
| Other: | | | | | | |
| | | | | | | |
| | | | | | Total: | 80 |

| Date _ | 08/30/2017 | Signature | Total Value of all Household Goods | 660 |
|--------|------------|-----------|------------------------------------|-----|
| | | | Debtor 1 | |

Software Copyright (c) 1996-2015 Best Case, LLC - www.bestcase.com

Best Case Bankruptcy

United States Bankruptcy Court Middle District of Tennessee

| | | Mie | ddle District of Te | nnessee | | |
|--------------------------|----------|-------|---------------------|-------------|-------------------|------------------|
| In re Hunte | er | | | | | |
| | | | Debtor | | | |
| | | | | | | |
| | | ELECT | RONICS INVENTO | RY SHEET | | |
| Description of | | ., | | | | |
| Property | | Va | lue of each item | _ , | _ | T . 137.1 |
| | 1 | 2 | 3 | 4 | 5 | Total Value |
| Televisions | 25 | 200 | 150 | | | 375 |
| DVD/VCR Radio/Stereo | 1 | | | | | |
| | | | | | | |
| Sound System Video Equip | 1115 | | | | | 200 |
| Computers | 200 | | | | | 200 |
| Printer/Scanr | 200 | | | | | |
| Cell Phones | 100 | 100 | | | | 200 |
| Cameras | 100 | 100 | | | | 200 |
| Game Syster | ms 150 | | | | | 150 |
| Other: | 130 | | | | | 130 |
| Other. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ' | | • | • | | ' |
| | | | | | | |
| | | | | | | |
| | | | | Total Value | of all Electronic | s 925 |
| | | | | | | l |
| | | | | | | |
| | | | | ^ | 18 - 4 - | |
| - U8/3U/ | 2017 | | ~. | Jun re | obers _ | |
| Date08/30/2 | <u> </u> | | Signature | ' Y | · • | |

Debtor 1

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|-----------|--------------------------------------|
| Debtor 1 | Dayna Lynn Hunt | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identity | the Property | You Claim as | Exempt |
|---------|----------|--------------|--------------|--------|
| | | | | |

| | You are claiming state and federal nonbar | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
|----|--|--------------------------------------|--------|---|------------------------------------|
| | ☐ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | See Attached Household Goods List Line from Schedule A/B: 6.1 | \$660.00 | | \$660.00 | Tenn. Code Ann. § 26-2-103 |
| | Line Holli Schedule AVB. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | See Attached Electronics Inventory | \$925.00 | | \$925.00 | Tenn. Code Ann. § 26-2-103 |
| | Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Clothing, Line from Schedule A/B: 11.1 | \$500.00 | | \$500.00 | Tenn. Code Ann. § 26-2-104 |
| | Line Holli Schedule PAB. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Costume/Wedding Line from Schedule A/B: 12.1 | \$500.00 | | \$500.00 | Tenn. Code Ann. § 26-2-103 |
| | Line Holli Schedule PVB. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2 dogs Line from Schedule A/B: 13.1 | \$20.00 | | \$20.00 | Tenn. Code Ann. § 26-2-103 |
| | Line from Scriedule AVD. 13.1 | | | 100% of fair market value, up to any applicable statutory limit | |

| De | Daylia Lyllii fiulliel | | Case number (ii known) | |
|----|--|--|--|----------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim Specific laws that allow ex portion you own | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| | Cash, Line from <i>Schedule A/B</i> : 16.1 | \$20.00 | \$20.00 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| | Checking and Saving: FSNB Line from Schedule A/B: 17.1 | \$480.00 | \$480.00 | Tenn. Code Ann. § 26-2-103 |
| | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every No | • | | nt.) |
| | ☐ Yes. Did you acquire the property cove | ered by the exemption w | ithin 1,215 days before you filed this case | ? |
| | □ No | | | |
| | ☐ Yes | | | |

| Fill in this information to identify | our case: | | | |
|--|---|---|--|-----------------------------------|
| Debtor 1 Dayna Lynn I | Hunter | | | |
| First Name | Middle Name Last Name | | - | |
| Debtor 2 (Spouse if, filing) First Name | Middle Name Last Name | | - | |
| United States Bankruptcy Court for t | he: MIDDLE DISTRICT OF TENNESSEE | | - | |
| Case number | | | _ | if this is an ded filing |
| Official Form 106D | | | | |
| Schedule D: Credito | rs Who Have Claims Secured | d by Propert | У | 12/15 |
| | le. If two married people are filing together, both are eq it out, number the entries, and attach it to this form. On | | | |
| 1. Do any creditors have claims secure | d by your property? | | | |
| ☐ No. Check this box and subm | it this form to the court with your other schedules. Yo | ou have nothing else | to report on this form. | |
| Yes. Fill in all of the informati | on below. | | | |
| Part 1: List All Secured Claims | | | | |
| for each claim. If more than one creditor | as more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. As petical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Covington Credit | Describe the property that secures the claim: | \$500.00 | \$660.00 | \$0.00 |
| Creditor's Name | See Attached Household Goods List | | | |
| 347 E Broadway Gallatin, TN 37066-2320 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only □ Debtor 2 only | An agreement you made (such as mortgage or sec car loan) | cured | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| lacksquare At least one of the debtors and another | er D Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |

Date debt was incurred

Last 4 digits of account number

| Debtor 1 Dayna Lynn Hunter First Name Middle N | | ase number (if known) | | |
|--|--|-----------------------|-------------|------------|
| i iist vaine Middle N | Last Name | | | |
| 2.2 Exeter Finance Corp | Describe the property that secures the claim: | \$14,500.00 | \$6,750.00 | \$7,750.00 |
| Creditor's Name | 2013 Toyota Corolla 150000 miles | | | |
| | As of the date you file, the claim is: Check all that | | | |
| Po Box 166008 Irving, TX 75016 | apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ■ An agreement you made (such as mortgage or secu | ıred | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Opened 02/14 Last Active | | | | |
| Date debt was incurred 7/27/17 | Last 4 digits of account number 1001 | | | |
| Insolve Auto Funding, | | \$13,500.00 | \$12 6E0 00 | \$850.00 |
| LLC Creditor's Name | Describe the property that secures the claim: | \$13,500.00 | \$12,650.00 | \$65U.UU |
| | 2016 Nissan Rogue 75000 miles | | | |
| c/o Capital Recovery | | | | |
| Group, LLC PO Box 64090 | As of the date you file, the claim is: Check all that | | | |
| Tucson, AZ 85728-4090 | apply. | | | |
| | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | _ | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secucar loan) | ırea | | |
| Debtor 2 only | | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Statutory lien (such as tax lien, mechanic's lien) | | | |
| _ | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | | | | |
| | | | | |
| Add the dollar value of your entries in C | column A on this page. Write that number here: | \$28,500.0 | 0 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill in | this information to ider | ntify your case: | | | | | |
|----------|--|------------------------|--|--------------------|---|-------------------|-------------------------|
| Debto | or 1 Davna Lv | nn Hunter | | | | | |
| | First Name | | Middle Name | Last Name | | | |
| Debto | | | Addalla Niama | I and Manage | | | |
| (Spous | e if, filing) First Name | | Middle Name | Last Name | | | |
| Unite | d States Bankruptcy Cour | t for the: MIDE | DLE DISTRICT OF TENN | ESSEE | | | |
| Casa | numbor | | | | | | |
| (if know | number _(n) | | | | | □ Ch | eck if this is an |
| | | | | | | am | nended filing |
| Ott: - | :-! | | | | | | |
| | cial Form 106E/F | | | Ola! | | | 40/45 |
| | edule E/F: Credi | | | | Part 2 for creditors with NON | | 12/15 |
| left. At | tach the Continuation Page and case number (if known) | to this page. If you | u have no information to re | | the Part you need, fill it out, r do not file that Part. On the to | | |
| 1. D | o any creditors have priorit | y unsecured claims | s against you? | | | | |
| | No. Go to Part 2. | | | | | | |
| |] Yes. | | | | | | |
| | | | | | | | |
| Part 2 | List All of Your NO | NPRIORITY Unse | ecured Claims | | | | |
| 3. D | o any creditors have nonpri | iority unsecured cl | aims against you? | | | | |
| | No. You have nothing to rep | oort in this part. Sub | mit this form to the court with | your other sch | edules. | | |
| | Yes. | | | | | | |
| ur th | nsecured claim, list the creditor | or separately for each | ch claim. For each claim liste | d, identify what t | holds each claim. If a credit type of claim it is. Do not list cla three nonpriority unsecured cl | ims already inclu | ided in Part 1. If more |
| | | | | | | | Total claim |
| 4.1 | 12 GE Capital Reta | | Last 4 digits of acc | count number | 6953 | | \$0.00 |
| | Nonpriority Creditor's Nam 170 Election Road, | | When was the deb | t incurred? | Opened 4/25/12 | | |
| | Draper, UT 84020 | ounce 125 | When was the deb | t mountou. | Opened 4/20/12 | | |
| | Number Street City State 2 | Zip Code | As of the date you | file, the claim | is: Check all that apply | | |
| | Who incurred the debt? | Check one. | | | | | |
| | Debtor 1 only | | ☐ Contingent | | | | |
| | Debtor 2 only | | □ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 | only | ☐ Disputed | | | | |
| | ☐ At least one of the deb | tors and another | Type of NONPRIO | RITY unsecure | d claim: | | |
| | ☐ Check if this claim is | for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to of | ffset? | Obligations arisi report as priority cla | | ration agreement or divorce the | at you did not | |
| | No | i sot i | | | g plans, and other similar debt | 9 | |
| | | | • | • | | J | |
| | ☐ Yes | | Other. Specify | Notice Uni | / | | |

| Advance America | Last 4 digits of account number | | \$470.56 |
|--|---|---|----------|
| Nonpriority Creditor's Name 135 N. Church Street Spartanburg, SC 29307 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • , | , | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Payday Lo | an | |
| Advance Financial | Last 4 digits of account number | | \$500.00 |
| Nonpriority Creditor's Name 100 Oceanside Drive | When was the debt incurred? | | |
| Nashville, TN 37204-2351 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | Пол | | |
| _ | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| At least one of the debtors and another | Student loans | u ciaiii. | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □Yes | Other. Specify Payday Lo | an | |
| American Family Care | Last 4 digits of account number | 5475 | \$0.00 |
| Nonpriority Creditor's Name MSC 465 | When was the debt incurred? | Opened 05/16 | |
| PO Box 935 | When was the dest mounted? | Opened 03/10 | |
| Birmingham, AL 35201-0935 | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| □ Yes | ■ Other. Specify Notice Onl | | |
| □ 1€3 | Other. Specify | y | |

| Anytime Fitness | Last 4 digits of account number 9660 | \$0.00 |
|---|--|----------|
| Nonpriority Creditor's Name 206 Anderson Ln N #300 Hendersonville, TN 37075 | rity Creditor's Name nderson Ln N #300 When was the debt incurred? Opened 11/02/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Notice Only | - |
| Ashley Funding Services, LLC | Last 4 digits of account number | \$131.12 |
| Nonpriority Creditor's Name c/o Resurgent Capital Services PO Box 10587 | When was the debt incurred? | - |
| Greenville, SC 29603 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the dam is. Oneck all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | - |
| CashCentral | Last 4 digits of account number | \$0.00 |
| Nonpriority Creditor's Name 6785 Bobcat Way #200 Dublin, OH 43016 | When was the debt incurred? | - |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Notice Only | |

| \$950.0 |
|-----------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| \$7,250.0 |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| \$0.0 |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| Credit One Book No | | 0702 | 60. |
|---|---|---|------------|
| Credit One Bank Na Nonpriority Creditor's Name | Last 4 digits of account number | 9793 | \$0.0 |
| Po Box 98873 Las Vegas, NV 89193 | When was the debt incurred? | Opened 08/17 Last Active 8/20/17 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Notice Only | / | |
| | | | |
| EHRA Medical Services of TN PC Nonpriority Creditor's Name | Last 4 digits of account number | 05N1 | \$0. |
| PO Box 37821 Philadelphia, PA 19101-7821 | When was the debt incurred? | Opened 03/17 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Notice Only | / | |
| | | | 40.00 |
| Foxland Crossing Nonpriority Creditor's Name | Last 4 digits of account number | | \$2,937. |
| c/o Gary S. Rubenstein 501 Union Street, Ste 701 | When was the debt incurred? | | |
| Nashville, TN 37219 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other Specify | | |

Official Form 106 E/F

| Franklin Athletic Club | Last 4 digits of account number 9782 | \$514.10 |
|--|--|-----------|
| Nonpriority Creditor's Name 112 Rand PI Franklin, TN 37064 | When was the debt incurred? Opened 6/22/12 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Global Trust Management LLC | Last 4 digits of account number | \$470.5 |
| Nonpriority Creditor's Name 4805 W Laurel St Ste 300 Tampa, FL 33607 | When was the debt incurred? | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Hendersonville Medical Center | Last 4 digits of account number 0526 | \$1,934.0 |
| Nonpriority Creditor's Name PO Box 99400 | When was the debt incurred? 07/17 | |
| Louisville, KY 40269 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | , and and you may and claim to conservation and apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Medical | |

| 1 Dayna Lynn Hunter | | Case number (if known) | |
|---|--|--|----------|
| Integra Credit | Last 4 digits of account number | | \$500.00 |
| Nonpriority Creditor's Name 200 W Jackson Blvd, Suite 500 Chicago, IL 60606 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| Kohls/Capital One | Last 4 digits of account number | 6449 | \$718.00 |
| Nonpriority Creditor's Name Kohls Credit | _ | Opened 44/44 Leet Active | |
| Po Box 3043 | When was the debt incurred? | Opened 11/11 Last Active 2/24/12 | |
| Milwaukee, WI 53201 | | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | ■ Other. Specify Charge Acc | - • | |
| Vrance Charle Bassyone Contar | | | \$158.70 |
| Kroger Check Recovery Center Nonpriority Creditor's Name | Last 4 digits of account number | | \$130.70 |
| PO Box 30650 Salt Lake City, UT 84130 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | n plans, and other similar debts | |
| | · | • • | |
| Yes | ■ Other. Specify Declined C | песк | |

| Dayna Lynn Hunter | Case number (if known) | |
|---|--|----------|
| LVNV Funding LLC | Last 4 digits of account number | \$400.0 |
| Nonpriority Creditor's Name PO Box 10497 | When was the debt incurred? | |
| Greenville, SC 29603 | - As the basis fleates by the state of the s | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| _ | П | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | Student loans | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Medicine Bow Inpt Svcs Llc | Last 4 digits of account number 3252 | \$0.0 |
| Nonpriority Creditor's Name 391 Wallace Rd. | When was the debt incurred? 07/17 | <u> </u> |
| Nashville, TN 37211 | - As the basis that a first term of the state of the stat | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <u></u> | | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | Student loans | |
| debt is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No □ Yes | Other. Specify Notice Only | |
| | | |
| NES | Last 4 digits of account number | \$409.6 |
| Nonpriority Creditor's Name 1214 Church St. Nashville, TN 37246 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| □ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify | |

| Newberry Emergency Phys. PLLC | Last 4 digits of account number | 5054 | \$0. |
|--|---|--|------|
| Nonpriority Creditor's Name PO Box 13706 Philadelphia, PA 19101-3706 | When was the debt incurred? | 07/17 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | ■ Other. Specify Notice Only | <u>, </u> | |
| Old Hickory Lane ER Phys, PLLC | Last 4 digits of account number | 4737 | \$0. |
| Nonpriority Creditor's Name | | | |
| PO Box 37984 Philadelphia, PA 19101-7984 | When was the debt incurred? | Opened 05/17 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | • | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Notice Only | <u>, </u> | |
| Plain Green Loans | Last 4 digits of account number | | \$0. |
| Nonpriority Creditor's Name Account Services | When was the debt incurred? | | |
| PO Box 270 Box Elder, MT 59521 | | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | - • | |
| Yes | Other. Specify Notice Only | • | |

| Portfolio Recovery | Last 4 digits of account number | \$721.3 |
|--|--|----------|
| Nonpriority Creditor's Name PO Box 41067 | When was the debt incurred? | |
| Norfolk, VA 23541 | As of the date year file the elements Objects all that are the | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | | |
| _ | Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt | | |
| Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify | |
| Portfolio Recovery | Last 4 digits of account number | \$522.4 |
| Nonpriority Creditor's Name | | <u> </u> |
| PO Box 41067 | When was the debt incurred? | |
| Norfolk, VA 23541 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim is. Oneck all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| _ | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify | |
| Purchasing Power | Last 4 digits of account number | \$0.0 |
| Nonpriority Creditor's Name | | • - |
| 1349 West Peach Tree Street NW | When was the debt incurred? | |
| Ste 1100 | | |
| Atlanta, GA 30309-2956 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | no or the date year may are claim to. Oncok all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | □ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify | |

| | Case number (if known) | | | |
|--|---|--|-----------|--|
| RADIOLOGY ALLIANCE | Last 4 digits of account number | 6946 | \$201.1 | |
| Nonpriority Creditor's Name C/O FOX COLLECTION CENTER PO BOX 528 GOODLETSVILLE, TN 37070 | When was the debt incurred? | Opened 1/30/15 | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| ☐ Yes | Other. Specify Medical | | | |
| | | | | |
| Saint Thomas Medical Partners Nonpriority Creditor's Name | Last 4 digits of account number | 7654 | \$0.0 | |
| ATTN #13380E | When was the debt incurred? | 07/17 | | |
| PO Box 14000 | | | | |
| Belfast, ME 04915-4033 | | Charles II that and b | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Спеск ан that apply | | |
| ■ Debtor 1 only | Continuent | | | |
| _ | ☐ Contingent ☐ Unliquidated | | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| _ | Type of NONPRIORITY unsecured | l claim: | | |
| ☐ At least one of the debtors and another | ☐ Student loans | | | |
| ☐ Check if this claim is for a community debt s the claim subject to offset? | | ration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| □ Yes | Other. Specify Notice Only | <u>'</u> | | |
| | | | | |
| Southern Hills Medical Center | Last 4 digits of account number | <u>8425</u> | \$2,322.7 | |
| Nonpriority Creditor's Name PO Box 99400 Louisville, KY 40269 | When was the debt incurred? | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| □ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt ls the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| ☐ Yes | Other. Specify Medical | | | |

| Speedy Cash | Last 4 digits of account number | \$650.00 |
|--|--|------------|
| Nonpriority Creditor's Name 3400 E 32nd St North Wichita, KS 67226 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Payday Loan | |
| SUMNER COUNTY AMBULANCE | | |
| SRV | Last 4 digits of account number 8620 | \$1,755.70 |
| Nonpriority Creditor's Name C/O FOX COLLECTION CENTER PO BOX 528 | When was the debt incurred? Opened 03/12 | |
| GOODLETSVILLE, TN 37070 | _ | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | _ | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| lebt s the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| ⊒ Yes | ■ Other. Specify Medical | |
| | | |
| SUMNER REGIONAL MED CTR Nonpriority Creditor's Name | Last 4 digits of account number 1004 | \$3,056.00 |
| PO BOX 99400 Louisville, KY 40269 | When was the debt incurred? | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | Obligations arising out of a separation agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other Specify Medical | |

| Debt | or 1 Dayna Lynn Hunter | | Case number (if known) | | | | |
|---------------------|---|--|--|-------------------------|--|--|--|
| 4.3 5 | Webbank/Fingerhut Nonpriority Creditor's Name | Last 4 digits of account number | . 0607 | \$0.00 | | | |
| | 6250 Ridgewood Rd Saint Cloud, MN 56303 | When was the debt incurred? | Opened 11/13 Last Active 12/13/13 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecur | ed claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | paration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-shar | ing plans, and other similar debts | | | | |
| | Yes | Other. Specify Notice On | ly | | | | |
| 4.3 | World Financial Network Bank | Last 4 digits of account number | . 0884 | \$0.00 | | | |
| 6 | Nonpriority Creditor's Name PO Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 03/14 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | n is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecur | ed claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a ser | paration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | ☐ Debts to pension or profit-shar | | | | | |
| | Yes | Other. Specify Notice On | ly | | | | |
| Part | 3: List Others to Be Notified About a D | ebt That You Already Listed | | | | | |
| is t | e this page only if you have others to be notified rying to collect from you for a debt you owe to re more than one creditor for any of the debts the ified for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor hat you listed in Parts 1 or 2, list the add | in Parts 1 or 2, then list the collection agency | here. Similarly, if you | | | |
| | e and Address | On which entry in Part 1 or Part 2 did yo | | | | | |
| | Crd Srvc Hoes Lane | | Part 1: Creditors with Priority Unsecured Clain | | | | |
| | cataway, NJ 08854 | | Part 2: Creditors with Nonpriority Unsecured C | Claims | | | |
| | | Last 4 digits of account number | | | | | |
| Name Afni | e and Address | On which entry in Part 1 or Part 2 did you Line 4.10 of (Check one): | ou list the original creditor? Part 1: Creditors with Priority Unsecured Clain | ns | | | |
| | Box 3427 | I | Part 2: Creditors with Nonpriority Unsecured C | Claims | | | |
| ыос | omington, IL 61702 | Last 4 digits of account number | | | | | |
| | e and Address Sher Collection Srv | On which entry in Part 1 or Part 2 did you Line 4.4 of (<i>Check one</i>): | | | | | |
| | 4 Southlake Parkway | | □ Part 1: Creditors with Priority Unsecured Clain■ Part 2: Creditors with Nonpriority Unsecured C | | | | |
| Suit | e 15 | ' | — r art z. Orealtors with Nonpholity Offsecured C | viuii II O | | | |
| НОО | ver, AL 35244 | Last 4 digits of account number | | | | | |
| Name | e and Address | On which entry in Part 1 or Part 2 did yo | ou list the original creditor? | | | | |
| Bay | Area Credit Service Box 467600 | | ☐ Part 1: Creditors with Priority Unsecured Clain | ns | | | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Doc 1

Page 13 of 15

| Debtor 1 Dayna Lynn Hunter | | Case number (if known) |
|---|--|--|
| Atlanta, GA 31146 | Last 4 digits of account number | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Commonwealth Financial Systems 245 Main St Dickson City, PA 18519 | On which entry in Part 1 or Part 2 did y Line 4.12 of (Check one): Last 4 digits of account number | vou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Fox Collection Center PO Box 528 Goodlettsville, TN 37070-0528 | On which entry in Part 1 or Part 2 did y Line 4.33 of (Check one): Last 4 digits of account number | vou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Fox Collection Center Po Box 528 Goodlettsvile, TN 37070 | On which entry in Part 1 or Part 2 did y Line 4.14 of (Check one): Last 4 digits of account number | vou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Laboratory Corporation of America PO Box 2240 Burlington, NC 27216-2240 | On which entry in Part 1 or Part 2 did y Line 4.6 of (Check one): Last 4 digits of account number | vou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Phoenix Financial Services. Llc Po Box 361450 Indianapolis, IN 46236 | On which entry in Part 1 or Part 2 did y Line 4.24 of (<i>Check one</i>): Last 4 digits of account number | ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Portfolio Recovery Po Box 41067 Norfolk, VA 23541 | On which entry in Part 1 or Part 2 did y Line 4.36 of (Check one): Last 4 digits of account number | you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Premiere Credit Of N A 2002 Wesley Indianapolis, IN 46219 | On which entry in Part 1 or Part 2 did y Line 4.29 of (<i>Check one</i>): Last 4 digits of account number | rou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Resurgent Capital PO Box 1927 Greenville, SC 29602 | On which entry in Part 1 or Part 2 did y Line 4.16 of (Check one): Last 4 digits of account number | you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Resurgent Capital PO Box 1927 Greenville, SC 29602 | On which entry in Part 1 or Part 2 did y Line 4.31 of (Check one): Last 4 digits of account number | vou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Resurgent Capital PO Box 1927 Greenville, SC 29602 | On which entry in Part 1 or Part 2 did y Line 4.34 of (Check one): Last 4 digits of account number | vou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Smith's Food & Drug Centers Inc. 1550 S Redwood Rd. Salt Lake City, UT 84104 | On which entry in Part 1 or Part 2 did y Line 4.19 of (<i>Check one</i>): Last 4 digits of account number | you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Best Case Bankruptcy

| Debtor 1 Dayna Lynn Hunter | | Case number (if known) | | | |
|--|---|---|--|--|--|
| Square One Financial/Cach Llc Po Box 5980 | Line 4.1 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | | |
| Denver, CO 80127 | Last 4 digits of account number | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Name and Address | On which entry in Part 1 or Part 2 di | d you list the original creditor? | | | |
| Transworld Systems Inc | Line 4.21 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| 500 Virginia Drive Ste 514 Fort Washington, PA 19034 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Fort Washington, FA 19034 | Last 4 digits of account number | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | • | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | | | | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | _ |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 26,573.51 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 26,573.51 |

| Fill in this infor | Fill in this information to identify your case: | | | | | | | | | |
|---------------------|---|--------------------|-----------|--|-----------------------|--|--|--|--|--|
| Debtor 1 | Dayna Lynn Hunt | ter | | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | | |
| Debtor 2 | | | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | | | |
| United States B | ankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE | | | | | | | |
| Case number | | | | | ☐ Check if this is an | | | | | |
| | | | | | amended filing | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | • | | | | |

Doc 1

| Fill in this | s information to identify your | case: | | | |
|---|--|---|--|--|--|
| Debtor 1 | Dayna Lynn Hunt | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, fil | ling) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE | | |
| Case num | nber | | | | ☐ Check if this is an amended filing |
| | al Form 106H dule H: Your Cod | ebtors | | | 12/15 |
| people are fill it out, a your name | e filing together, both are equ | ally responsible for supp boxes on the left. Attach . Answer every question | olying correct information the Additional Page to t | n. If more space is his page. On the to | rate as possible. If two married needed, copy the Additional Page op of any Additional Pages, write |
| □ No ■ Ye | | | | | |
| | thin the last 8 years, have you na, California, Idaho, Louisiana, | | | | |
| _ | o. Go to line 3. s. Did your spouse, former spou | use, or legal equivalent live | e with you at the time? | | |
| in lin Form | e 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make su | re you have listed t | ng with you. List the person show the creditor on Schedule D (Officia , Schedule E/F, or Schedule G to f |
| | Column 1: Your codebtor Name, Number, Street, City, State and Zl | P Code | | Column 2: The cr Check all schedul | editor to whom you owe the debt es that apply: |
| 3.1 | William Cado 1391 Foxland Blvd #J309 Gallatin, TN 37066 | | | ☐ Schedule D, ■ Schedule E/F ☐ Schedule G Cnac - In101 | f, line 4.9 |

Schedule H: Your Codebtors

| | in this information to | :- | | | | | • | | | |
|--------------------|---|---|---|---|--------------------------|-------------------------------|---------------------------------------|---------------------------|------------------------------------|-----------------|
| | in this information to btor 1 | Dayna Lynn | | | | | | | | |
| | btor 2 buse, if filing) | | | | | _ | | | | |
| Uni | ited States Bankrupto | cy Court for the | : MIDDLE DISTRICT O | F TENNESSEE | | | | | | |
| | se number nown) | | | | | | | led filing nent showir | ng postpetition following date: | |
| 0 | fficial Form | <u> 1061</u> | | | | | MM / DD/ | YYYY | | |
| S | chedule I: Y | our Inc | ome | | | | | | | 12/15 |
| sup spo atta | plying correct infor use. If you are separate sheet | mation. If you trated and you to this form. | sible. If two married peo are married and not filir r spouse is not filing wi On the top of any additi | ng jointly, and you th you, do not inc | ur spouse clude infor | is liv mati | ing with you, inc on about your sp | lude infor ouse. If m | mation about ore space is | your needed, |
| 1. | Fill in your emploinformation. | yment | | Debtor 1 | Debtor | Debtor 2 or non-filing spouse | | | | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed | | | ■ Emp | ■ Employed | | | |
| | | Employment status | ☐ Not employed | | | ☐ Not | employed | | | |
| | employers. | | Occupation | Member Spec | ialist | | | | | |
| | Include part-time, s self-employed work | Κ. | Employer's name | Comprehensi Management, | | 1 | | | | |
| | Occupation may in or homemaker, if it | | Employer's address | PO Box 31380 Tampa, FL 33 | _ | | | | | |
| | | | How long employed to | here? 2 yea | nrs | | | | | |
| Pai | rt 2: Give Deta | ails About Mor | nthly Income | | | | | | | |
| | imate monthly incor use unless you are so | | ate you file this form. If | you have nothing to | o report for | any | line, write \$0 in th | e space. In | nclude your no | n-filing |
| | ou or your non-filing s e space, attach a sep | | ore than one employer, co | ombine the informa | ition for all | emplo | oyers for that pers | on on the I | lines below. If | you need |
| | | | | | | | For Debtor 1 | | ebtor 2 or ling spouse | |
| 2. | | | ry, and commissions (becalculate what the month) | | 2. | \$ | 3,204.61 | \$ | 0.00 | |
| 3. | Estimate and list | monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Ir | ncome. Add lir | ne 2 + line 3. | | 4. | \$ | 3,204.61 | \$ | 0.00 | |

| | | | | For | Debtor 1 | | r Debtor 2 or n-filing spouse |
|-----|-----------------|---|--------|-----|---------------|------------------|----------------------------------|
| | Сору | line 4 here | 4. | \$ | 3,204.61 | \$ | 0.00 |
| 5. | List a | all payroll deductions: | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 228.84 | \$ | 0.00 |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | 0.00 |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 0.00 |
| | 5e. | Insurance | 5e. | \$ | 129.13 | \$ | 0.00 |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | 0.00 |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | 0.00 |
| | 5h. | Other deductions. Specify: HSA | 5h.+ | \$ | | ۰\$ | 0.00 |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 441.97 | \$ | 0.00 |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,762.64 | \$ | 0.00 |
| 8. | List a 8a. | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.00 |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | 0.00 |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | _ 8f. | \$ | 0.00 | \$_ | 0.00 |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$_ | 0.00 |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | \$ | 0.00 | ٠\$ __ | 0.00 |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$_ | 0.00 |
| 10. | Calcu | ulate monthly income. Add line 7 + line 9. | 0. \$ | 2 | 2,762.64 + \$ | | 0.00 = \$ 2,762.64 |
| | Add t | he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | |
| 11. | Includ other | e all other regular contributions to the expenses that you list in Schedule and de contributions from an unmarried partner, members of your household, your of friends or relatives. On include any amounts already included in lines 2-10 or amounts that are not a dify: | depend | | - | | Schedule J. 11. +\$0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | 12. \$ 2,762.64 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form? | • | | | | Combined monthly income |
| | | No. Yes. Explain: | | | | | |
| | | 1 00. Expiditi. | | | | | |

| Debtor 1 Dayna Lynn Hunter A supplement showing postpetition chapter Secondary Your Case An amended filling A supplement showing postpetition chapter Secondary Se | E-11- | in this inform | tion to identify | | | | | | | |
|--|------------|------------------|----------------------------------|-------------------------|--|-------------------------|--------------|-------------|-------------|-------|
| Debtor 2 (Spouse, if filing) An amended filing An appelment showing postpetition chapter (13 expenses as of the following date: MM / DD / YYYYY | FIII | in this informa | tion to identify yo | ur case: | | | | | | |
| Debtor 2 | Deb | otor 1 | Dayna Lynn I | Hunter | | | | | I filio a | |
| United States Banksuptey Court for the: MIDDLE DISTRICT OF TENNESSEE MM / DD / YYYYY | Deb | otor 2 | | | | | | • | • | apter |
| Case number (It known) Comparison Compa | (Sp | ouse, if filing) | | | | | | | | |
| Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part : Describe Your Household Is this a joint case? No, Go to line 2. Yes. Does Debtor 2 live in a separate household? No Con the top of any additional pages, write your name and case number (if known). Answer every question. Bo, Go to line 2. Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents? Do not list Debtor 1 and Yes. But this information for each dependent relationship to Dependent's well in the with your? Do not state the dependents names. Daughter 16 Yes. Do your expenses include expensed in the both of the yes on the properties of poor the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. S 0.00 Add. Home maintenance, repair, and upkeep expenses 4d. Beneare the form and continued and the surface of the poor the form and continued and the surface of the poor the form and continued and the surface of the poor the ground or lot. | Unit | ted States Bankr | uptcy Court for the: | MIDDLE | E DISTRICT OF TENN | IESSEE | | MM / DD / Y | YYY | |
| Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Answer every question. | | | | | | | | | | |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: | 0 | fficial Fo | rm 106J | | | | | | | |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: | S | chedule | J: Your E | Exper | ises | | | | | 12/15 |
| 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? | Be info | as complete a | and accurate as ore space is nee | possible. eded, atta | If two married peopl ch another sheet to t | | | | | |
| No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | | | | hold | | | | | | |
| Ves. Does Debtor 2 live in a separate household? Ves. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents? | 1. | _ | | | | | | | | |
| No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Debtor 1 and Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Pyes. Fill out this information for Debtor 1 or Debtor 2 Dependent's relationship to Debtor 1 or Debtor 2 No No Yes No Yes No Yes No No No No Yes No | | | | n a canar | ata haysahald? | | | | | |
| Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Yes. Fill out this information for each dependent | | | | n a Sepan | ate nousenoid? | | | | | |
| Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Include expenses include name name name name name name name nam | | = | ~ | t file Offici | al Form 106J-2, <i>Exper</i> | nses for Separate Ho | usehold of D | ebtor 2. | | |
| Debtor 2. Do not state the dependents names. Daughter 16 No Yes No Yes No Yes No Yes 3. Do your expenses include expenses of people other than yourself and your dependents? Estimate Your Ongoing Monthly Expenses Estimate Your ongoing Monthly Expenses Estimate Your ongoing Monthly Expenses Estimate Your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. Real estate taxes 4a. \$ 0.00 Home maintenance, repair, and upkeep expenses 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 Add. Homeowner's association or condominium dues 4d. \$ 0.00 | 2. | Do you have | e dependents? | □ No | | | | | | |
| Daughter Daughter 16 | | | ebtor 1 and | ■ Yes. | | | | | | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Sestimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes | | Do not state | the | | | | | | □ No | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. \$ 0.00 4b. \$ 0.00 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00 4d. Homeowner's association or condominium dues 4d. \$ 0.00 | | dependents | names. | | | Daughter | | 16 | | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: | | | | | | | | | = ::- | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? No | | | | | | | | | | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I</i> : <i>Your Income</i> (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. \$ 0.00 4d. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues | | | | | | | | | | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I</i> : <i>Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues 4d. \$ 0.00 | | | | | | | | | | |
| expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00 4d. Homeowner's association or condominium dues | | | | | | | | | Yes | |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues | 3. | expenses of | f people other th | han $_{f \Box}$ | | | | | | |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 1,260.00 If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues | | | | | | | | | | |
| the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues Your expenses 4. \$ 1,260.00 4. \$ 0.00 4b. \$ 0.00 4c. \$ 0.00 4d. \$ 0.00 | exp | penses as of a | | | | | | | | |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4. \$ 1,260.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 | the | value of such | n assistance and | | | | | You | ır expenses | |
| payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 1,260.00 4a. \$ 0.00 4b. \$ 0.00 4c. Homeowner's association or condominium dues 4d. \$ 0.00 | , -, | 10 | - =/ | | | | | | | |
| 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 0.00 4d. \$ 0.00 | 4. | | | | | ce. Include first morto | gage 4. | \$ | 1,260.00 | |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 0.00 | | If not includ | led in line 4: | | | | | | | |
| 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 0.00 | | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 | |
| 4d. Homeowner's association or condominium dues 4d. \$ 0.00 | | | • | | | | | | | |
| | | | | | | | | | | |
| | 5. | | | | | s home equity loans | | | 0.00 | |

Official Form 106J

| | | | | | l l | |
|--|--|--------------------|---------------|-------------------------|--------------------------------|--|
| Debtor 1 | Dayna Lynn Hunte | r Middle Name | la | st Name | | |
| ebtor 2 | 1 not raine | Middle Hame | Lu | . Hame | | |
| Spouse if, filing) | First Name | Middle Name | La | st Name | | |
| nited States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSI | E | | |
| ase number | | | | | | Charle if this is an |
| Kilowiij | | | | | | Check if this is an amended filing |
| | tion About are seen that the desired that the desired to be a second to be a seco | | | | | 12/ |
| | | | | | a false staten | nent, concealing property, or |
| · | 18 U.S.C. §§ 152, 1341, 15 gn Below | | ikruptcy cas | e can result in fines u | p to \$250,000 | , or imprisonment for up to 2 |
| Sig | 18 U.S.C. §§ 152, 1341, 15 | 19, and 3571. | | | | , or imprisonment for up to 2 |
| Sig | 18 U.S.C. §§ 152, 1341, 15 | 19, and 3571. | | | | , or imprisonment for up to 2 |
| Sig Did you pa | 18 U.S.C. §§ 152, 1341, 15 | 19, and 3571. | | | cy forms? Attach Bankr | , or imprisonment for up to 2 uptcy Petition Preparer's Notice and Signature (Official Form 11 |
| Did you pa No Yes. Under penathat they ar | 18 U.S.C. §§ 152, 1341, 150 gn Below ay or agree to pay someon Name of person alty of perjury, I declare the true and correct. yna Lynn Hunter | 19, and 3571. | orney to help | you fill out bankrupt | Attach Bankr Declaration, a | uptcy Petition Preparer's Notice and Signature (Official Form 11 |
| Did you pa No Yes. Under penathat they are X /s/ Day Dayna | n Below ay or agree to pay someon Name of person alty of perjury, I declare the true and correct. | 19, and 3571. | orney to help | you fill out bankrupt | Attach Bankr Declaration, a | uptcy Petition Preparer's Notice and Signature (Official Form 11 |
| Did you pa No Yes. Under penathat they ar X /s/ Day Dayna Signatu | 18 U.S.C. §§ 152, 1341, 150 gn Below ay or agree to pay someon Name of person alty of perjury, I declare the true and correct. yna Lynn Hunter a Lynn Hunter | 19, and 3571. | orney to help | you fill out bankrupt | Attach Bankr Declaration, a | uptcy Petition Preparer's Notice and Signature (Official Form 11 |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

Best Case Bankruptcy

| Fill | l in this inforr | mation to identify you | ur case: | | | |
|-------------------|------------------------|------------------------------|--|---|---|---|
| De | btor 1 | Dayna Lynn Hu | nter Middle Name | Last Name | | |
| De | btor 2 | First Name | Middle Name | Last Name | | |
| (Sp | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Ba | nkruptcy Court for the | : MIDDLE DISTRICT OF | TENNESSEE | | |
| Ca | se number | | | | | |
| (if k | nown) | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| \sim | ficial Ec | rm 107 | | | | |
| | ficial Fo | | Affairs for Indiv | iduale Filina fa | or Bankruntov | 4/19 |
| | | | | | th are equally responsible f | |
| info | rmation. If m | nore space is needed | l, attach a separate sheet t | | of any additional pages, wi | |
| nun | nber (if know | n). Answer every que | estion. | | | |
| Pa | rt 1: Give D | Details About Your M | arital Status and Where Y | ou Lived Before | | |
| 1. | What is you | r current marital stat | us? | | | |
| | ☐ Married | | | | | |
| | ■ Not mai | rried | | | | |
| 2. | During the la | ast 3 years, have you | ı lived anywhere other tha | n where you live now? | | |
| | | | · | · | | |
| | □ No ■ Ves Lie | et all of the places you | lived in the last 3 years. Do | not include where you liv | ve now | |
| | | , , | lived in the last 3 years. Do | · | | |
| | Debtor 1 Pr | rior Address: | Dates Debtor lived there | 1 Debtor 2 Pr | ior Address: | Dates Debtor 2 lived there |
| | 4982 Edm Nashville, | ondson Pk Apt C0 TN 37211 | 7 From-To: 9/2017-9/201 | Same as E | Debtor 1 | ☐ Same as Debtor 1 From-To: |
| | 1391 Foxla | | From-To: 9/2015-9/20 1 | ☐ Same as E | Debtor 1 | ☐ Same as Debtor 1 From-To: |
| | Gallatill, I | 14 37000 | 0/2010 0/20 | • | | 110111110. |
| 3. stat | | | | | nmunity property state or terto Rico, Texas, Washingtor | erritory? (Community property and Wisconsin.) |
| | ■ No | | | | | |
| | ☐ Yes. Ma | ake sure you fill out So | chedule H: Your Codebtors (| Official Form 106H). | | |
| Pa | rt 2 Explai | in the Sources of Yo | ur Income | | | |
| 4. | Fill in the tota | al amount of income y | ou received from all jobs and | d all businesses, includin | | s calendar years? |
| | If you are filir | ng a joint case and yo | u have income that you rece | ive together, list it only o | nce under Debtor 1. | |
| | □ No | | | | | |
| | Yes. Fil | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Creditor's Name and Address

□ Yes

Dates of payment

attorney for this bankruptcy case.

Doc 1

Total amount naid

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

> Amount you still owe

Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gene control, or owner of 20% or | eral partners; partner of their voting | erships of which yog g securities; and a | ou are a genera ny managing a | al partner; corporations gent, including one for |
|-----|--|---|--|---|----------------------------------|---|
| | ■ No □ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| В. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | ments or transfer a | any property on a | ccount of a d | ebt that benefited an |
| | ■ No □ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Pai | rt 4: Identify Legal Actions, Repossession | ns. and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. ■ No □ Yes. Fill in the details. Case title Case number | | | | | t or custody |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below ■ No. Go to line 11. □ Yes. Fill in the information below. | | rty repossessed, f | oreclosed, garnis | shed, attached | d, seized, or levied? |
| | Creditor Name and Address | Describe the Property Explain what happened | | Date | | Value of the property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details. | | uding a bank or fir | nancial institutior | n, set off any a | amounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a | | rty in the possessi | ion of an assigne | e for the bend | efit of creditors, a |
| Pai | Yes List Certain Gifts and Contributions | | | | | |
| | Within 2 years before you filed for bankrup | otcy, did you give any gifts | s with a total value | of more than \$60 | 00 per person | ? |
| | Yes. Fill in the details for each gift. | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Date: the g | s you gave ifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

| Deb | tor 1 Dayna Lynn Hunter | | Case number (if known) | | | | |
|------|--|------------------------|---|-----------------|--|---------------------------|--|
| | | | | | | | |
| | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co | | | ns with a tota | I value of more than | \$600 to any charity? | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Describe what you contributed | | Dates you contributed | Value | |
| Part | 6: List Certain Losses | | | | | | |
| | Within 1 year before you filed for bankrup or gambling? | tcy or | since you filed for bankruptcy, did y | you lose anyt | hing because of thef | t, fire, other disaster, | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | how the loss occurred | nclude | be any insurance coverage for the least the amount that insurance has paid. In the claims on line 33 of Schedule A/B: | List pending | Date of your loss | Value of property lost | |
| Part | 7: List Certain Payments or Transfers | | | | | | |
| | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or pilnclude any attorneys, bankruptcy petition pro No Yes. Fill in the details. Person Who Was Paid Address | reparir | ng a bankruptcy petition? | rvices required | | Amount of | |
| | Email or website address Person Who Made the Payment, if Not Yo | u | transferred | | made | payment | |
| | CCAdvising | | Money paid for credit counsel | ing | 10/17/19 | \$9.76 | |
| | ccadvising.com | | | | | | |
| | Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y No Yes. Fill in the details. | tors o | r to make payments to your creditor | | r transfer any prope | rty to anyone who | |
| | Person Who Was Paid Address | | Description and value of any prop transferred | perty | Date payment or transfer was made | Amount of payment | |
| , | Within 2 years before you filed for bankru transferred in the ordinary course of your include both outright transfers and transfers include gifts and transfers that you have alrest No Yes. Fill in the details. | busin made a | ess or financial affairs? as security (such as the granting of a s | | | | |
| | Person Who Received Transfer Address Person's relationship to you | | Description and value of property transferred | | any property or received or debts change | Date transfer was made | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | | | |
|-------|---|-------------|--|--------------------------|-------------|--|---|--|--|
| | Name of trust | | Description and | value of the pro | perty trans | sferred | Date Transfer was made | | |
| Par | rt 8: List of Certain Financial Accoun | s, Instrun | ments, Safe Depos | it Boxes, and St | orage Unit | s | | | |
| | Within 1 year before you filed for bank sold, moved, or transferred? | | • | | | | | | |
| | Include checking, savings, money mar houses, pension funds, cooperatives, No Yes. Fill in the details. | | | | | t; snares in banks, credi | unions, brokerage | | |
| | | | | | | D-1 | Leathelese | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | | st 4 digits of count number | Type of accordinstrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| | Do you now have, or did you have with cash, or other valuables? | in 1 year | before you filed fo | r bankruptcy, a | ny safe dep | posit box or other depos | itory for securities, | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Co | de) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | Describe | the contents | Do you still have it? | | |
| 22. | | | | | | | | | |
| | No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Co | de) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | Describe | the contents | Do you still have it? | | |
| Par | rt 9: Identify Property You Hold or Co | ntrol for S | Someone Else | | | | | | |
| - | Do you hold or control any property th for someone. | at someo | ne else owns? Inc | lude any proper | ty you bori | rowed from, are storing t | or, or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Co | de) | Where is the pro (Number, Street, City, Code) | | Describe | the property | Value | | |
| Par | rt 10: Give Details About Environment | l Informa | ntion | | | | | | |
| For t | the purpose of Part 10, the following de | finitions a | apply: | | | | | | |
| | Environmental law means any federal, toxic substances, wastes, or material i regulations controlling the cleanup of | nto the ai | r, land, soil, surfac | e water, ground | | | | | |
| | Site means any location, facility, or proto own, operate, or utilize it, including | | • | environmental l | law, wheth | er you now own, operate | e, or utilize it or used | | |
| | Hazardous material means anything an hazardous material, pollutant, contami | | | as a hazardous | waste, ha | zardous substance, toxi | c substance, | | |
| Repo | oort all notices, releases, and proceeding | s that yo | ou know about, reg | ardless of wher | they occu | ırred. | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

| 24. | Has | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | | | |
|-----|-------|---|--|---|--------------------|--|--|--|--|--|--|--|
| | | No Yes. Fill in the details. | | | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | | | |
| 25. | Hav | e you notified any governmental unit of | any release of hazardous material? | | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | | | |
| 26. | Hav | e you been a party in any judicial or adr | ninistrative proceeding under any envi | ronmental law? Include settlements | and orders. | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | | | |
| Par | t 11: | Give Details About Your Business or | Connections to Any Business | | | | | | | | | |
| 27. | With | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | | | | | |
| | | □ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | | | |
| | | ☐ A partner in a partnership | | | | | | | | | | |
| | | ☐ An officer, director, or managing ex | ecutive of a corporation | | | | | | | | | |
| | | ☐ An owner of at least 5% of the votin | g or equity securities of a corporation | | | | | | | | | |
| | | No. None of the above applies. Go to I | Part 12. | | | | | | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business | i. | | | | | | | | |
| | | siness Name dress | Describe the nature of the business | Employer Identification number Do not include Social Security | | | | | | | | |
| | | mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | number of frin. | | | | | | | |
| 28. | | nin 2 years before you filed for bankrupt itutions, creditors, or other parties. | cy, did you give a financial statement t | to anyone about your business? Incl | ude all financial | | | | | | | |
| | | No Yes. Fill in the details below. | | | | | | | | | | |
| | | me dress nber, Street, City, State and ZIP Code) | Date Issued | | | | | | | | | |
| | | | | | | | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debto | Dayna Lynn Hunter | Case number (if known) |
|-------------------------|--------------------------------------|---|
| Part 1 | 2: Sign Below | |
| are tru with a | e and correct. I understand that mak | of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers ing a false statement, concealing property, or obtaining money or property by fraud in connection up to \$250,000, or imprisonment for up to 20 years, or both. |
| /s/ Da | ayna Lynn Hunter | |
| • | a Lynn Hunter ture of Debtor 1 | Signature of Debtor 2 |
| Date | October 17, 2019 | Date |
| Did yo ■ No □ Yes | | atement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Did yo ■ No | u pay or agree to pay someone who | is not an attorney to help you fill out bankruptcy forms? |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Best Case Bankruptcy

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|---|
| \$245 | filing fee | _ |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Best Case Bankruptcy

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Tennessee

| | Wildule | District of Tellilesse | e | | | |
|------------|--|---|------------------------|---|--|--|
| In | re Dayna Lynn Hunter | | Case No. | | | |
| | | Debtor(s) | Chapter | | | |
| | DISCLOSURE OF COMPENSA | ATION OF ATTO | RNEY FOR DE | BTOR(S) | | |
| 1. | compensation paid to me within one year before the filing of | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | |
| | For legal services, I have agreed to accept | | \$ | 4,250.00 | | |
| | Prior to the filing of this statement I have received | | \$ | 0.00 | | |
| | Balance Due | | | 4,250.00 | | |
| 2. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | |
| | ☐ Debtor ☐ Other (specify): To be paid | I through the Plan by t | he Chapter 13 Tru | stee | | |
| 1. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | | | | | |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| | a. [Other provisions as needed] Attorney is electing to utilize the "No App Fe compensation are as outlined in the attache | ee" as outlined in Adm d Rights and Respons | inistrative Order 1 | 8-1. Attorney's services and · 13 Clients and Attorneys. | | |
| 5 . | By agreement with the debtor(s), the above-disclosed fee doe Items outlined in the attached Rights and Re | | | Attorneys. | | |
| | Cl | ERTIFICATION | | | | |
| this | I certify that the foregoing is a complete statement of any agr s bankruptcy proceeding. | eement or arrangement for | r payment to me for re | epresentation of the debtor(s) in | | |
| | October 17, 2019 | /s/ Jon Daniel Lo | ng | | | |
| Date | | Jon Daniel Long Signature of Attorne | ev. | | | |
| | | Long, Burnett, ar | nd Johnson, PLLC | | | |
| | | 302 42nd Ave. N | | | | |
| | | Nashville, TN 372 615-386-0075 Fa | | | | |
| | | | see-bankruptcy.co | m | | |
| | | Name of law firm | | | | |

RIGHTS AND RESPONSIBILITIES OF CHAPTER 13 CLIENTS AND ATTORNEYS

It is important for clients who file a bankruptcy case under Chapter 13 to understand their rights and responsibilities. It is also important that the clients know what their attorney's responsibilities are, and understand the importance of communicating with their attorney to make the case successful. Clients should also know that they may expect certain services to be performed by their attorney. The below guidelines provided by the Court are hereby agreed to by the clients and their attorneys.

CLIENT

The attorney and client acknowledge that they have discussed the obligation of the client to:

Before the case is filed:

- 1. Provide the attorney with complete and accurate financial information, including all debts owed, all property owned, an accurate, current and projected budget, copies of all required tax returns or transcripts from the IRS, and 6 months of pay stubs.
- 2. Inform the attorney of any prior bankruptcies and the outcome of those proceedings.
- 3. Discuss with the attorney the client's reasons and objectives for filing the case.
- 4. Review the complete bankruptcy petition (including all schedules and statements) upon its receipt and promptly advise the attorney of any errors, omissions, or changes which need to be made.

After the case is filed:

- 1. Pay the Trustee within 30 days of filing.
- 2. Keep the trustee and attorney informed of the client's address, telephone number and employment.
- 3. Inform the attorney of any wage garnishment or attachment of assets which occurs or continues after the case is filed.
- 4. Review the Confirmation Order when received, and advise the attorney if the client has questions about which creditors are being paid and how much or if the client has questions about anything the debtor must do.
- 5. Review the Trustee's Notice of Intent to Pay Claims when received, and advise the attorney of any filed claim that appears to be improper or excessive, or any creditor who has not filed a proof of claim but the client wants to make sure is paid.
- 6. Insure all property of the estate, including maintaining liability, collision, and comprehensive insurance on vehicles securing loans or leases.
- 7. Contact the attorney promptly if the client loses his/her job, becomes ill, experiences a budget change, or is otherwise unable to make plan payments.

- 8. Inform the attorney if any tax refunds the client is entitled to are seized or not returned to the client by the IRS.
- 9. Provide the documentation/information requested by attorney for the attorney to file necessary post-petition motions (tax returns, pay stubs, amended budget).
- 10. Contact the attorney before buying, refinancing, or selling real property or a motor vehicle or before entering into any loan agreements to find out what approvals are required, including retaining a real estate agent or listing property for sale.
- 11. Contact the attorney if the debtor receives an inheritance.
- 12. Contact the attorney if the client is sued during the case.
- 13. Contact the attorney if the client has any potential lawsuits against another person or company after the bankruptcy is filed.
- 14. Attend a financial management workshop no later than the due date of the last scheduled plan payment.
- 15. Open and read all mail from the attorney, Trustee, or Bankruptcy Court.

ATTORNEY

The attorney has agreed to accept a flat fee of \$4,250 for all aspects of the bankruptcy case except for services excluded from the flat fee (described below). For some of the excluded services, the attorney has agreed to limit the fees to amounts set by the Bankruptcy Court for the specific services. For the remaining excluded services, the attorney may request additional fees on an hourly basis in accordance with the agreement between the attorney and the client.

Fees shall be paid by the Trustee through the plan unless otherwise ordered. The attorney may not receive fees directly from the client other than the initial retainer, unless paid by a third party, in which event such payment must be fully disclosed to the Bankruptcy Court. Any fee must be agreed upon by the client and the attorney, and approved by the court.

Services included in the flat fee. The services the attorney agrees to provide for the flat fee include:

- 1. Meet with the client to review the client's debts, assets, liabilities, income, and expenses. Request appropriate financial information, including credit reports and information on any mortgage debt or support obligation.
- 2. Conduct necessary due diligence regarding any prior bankruptcies involving the client.
- 3. Counsel the client regarding the advisability of filing a bankruptcy and whether filing either a Chapter 7 or Chapter 13 case would assist in meeting the client's objectives; discuss procedures in both Chapter 7 and Chapter 13 with the client, and answer the client's questions.

- 4. Explain what payments will be made directly by the client and what payments will be made through the client's Chapter 13 plan.
- 5. Explain to the client how, when, and where to make the Chapter 13 plan payments, including advising the client that the first plan payment must be made to the Trustee no later than 30 days after the case is filed.
- 6. Explain to the client how the attorney's fees and trustee's fees are paid, providing a signed copy of the contract between the client and the attorney and a copy of this Rights and Responsibilities to the debtor.
- 7. Advise the client of the requirement to attend the 341 Meeting of Creditors, arriving early, and instruct the client as to the date, time, and place of the meeting. Advise the client to bring a copy of the petition and the schedules and statements to the Meeting.
- 8. Advise the client of the necessity of maintaining liability, collision, and comprehensive insurance on vehicles securing loans or leases and advise the client of the duty to insure all property of the estate.
- 9. Timely prepare and file the client's petition, plan, statements, and schedules.
- 10. Ensure that if the plan includes a motion to void liens, that the collateral is identified and an exemption is claimed.
- 11. Ensure proper notice and service of the plan.
- 12. Appear at the 341 Meeting of Creditors with the client.
- 13. Review all documents filed in the case and all communications concerning the case.
- 14. Respond to objections to plan confirmation and, where necessary, prepare an amended plan, and appear at the confirmation hearing.
- 15. Explain that a plan may be modified after confirmation and, where needed, prepare, file, and serve necessary modifications to the plan which may include suspending, lowering, or increasing plan payments.
- 16. Prepare, file, and serve necessary amended statements and schedules in accordance with information provided by the client.
- 17. Review the confirmation order and the Trustee's notice of intent to pay claims.
- 18. If necessary, object to improper or invalid claims based upon information provided by the client.
- 19. File claims for creditors when the client's goals and interests are served by such filing.
- 20. Respond to client communications, advising the client of the best and most efficient means of communications.
- 21. File notice of change of employment/change of address.

- 22. Represent the client in connection with all motions filed in the bankruptcy case, other than those listed in the excluded services below.
- 23. Where appropriate, prepare, file, and serve necessary motions to avoid liens on real or personal property.

Additional services requiring additional limited fees. The following services are not included in the flat fee, but the attorney has agreed to provide these services, when necessary and appropriate for the case, for additional compensation based on a fee schedule approved by the Court. The maximum additional fee for work performed in connection with obtaining the necessary Court approval for certain activities is indicated below:

- 1. Mortgage loan modification of the claim secured by the debtor's principal residence up to \$500
- 2. Substitution of collateral up to \$400.
- 3. Retention of a realtor, auctioneer or other professional relating to the sale of property or representing the interests of the estate up to \$200
- 4. Sale of property and disposition of the proceeds, resulting in the closing of such sale and the filing of any necessary report of the sale up to \$300.
- 5. Retention of special counsel relating to collecting or pursuing a cause of action in a different judicial forum and that results in the filing of a motion and order authorizing the approval of a settlement of such litigation up to \$300.

Additional services on an hourly basis. The following services are not included in the flat fee and are not covered by any specific cap on fee, but the attorney has agreed to provide these services, when necessary and appropriate for the case, but may charge an hourly rate for the work performed – subject to Court approval:

- 1. Motions for sanctions or contempt.
- 2. Representation at a Rule 2004 examination.

Services the attorney has not agreed to provide. The attorney has not agreed to represent the client in any adversary proceeding or certain contested matters placed on an "adversary track" by order of the Court, unless the details of such separate litigation representation are spelled out in an addendum to this agreement or in a separate supplemental contract. The client will be fully apprised of any such anticipated litigation that would not be covered by this agreement.

| Effective Date: 10/1//2019 | |
|----------------------------------|--------------|
| LONG, BURNETT, AND JOHNSON, PLLC | Duyna hurtes |
| By: | |

| The best way to reach the attorney is: | The best way to reach the client(s) is: |
|---|---|
| A paralegal in the Attorney's office will be assigned to be | |
| the Client's point of contact. The client agrees to first | telephone or e-mail |
| Discuss any issues with the paralegal who will seek answers | |
| from the attorney when necessary. Client may contact the | |
| Attorney by e-mail or by telephone if the paralegal is unable | |
| to resolve the client's concerns and questions. | |
| The best time to call the attorney is: | The best time to call the client(s) is: |
| Monday through Friday, 8:00 am to 5:00 pm. | |
| | anytime |
| | |
| | |
| | |
| | |

United States Bankruptcy CourtMiddle District of Tennessee

| In re | Dayna Lynn Hunter | | Case No. | |
|--------|---------------------------------------|---|---------------------|-----------------------|
| | | Debtor(s) | Chapter | 13 |
| | VERIF | FICATION OF CREDITOR | MATRIX | |
| Γhe ab | ove-named Debtor hereby verifies that | at the attached list of creditors is true and | correct to the best | of his/her knowledge. |
| Date: | October 17, 2019 | /s/ Dayna Lynn Hunter | | |
| | | Dayna Lynn Hunter | | |

Signature of Debtor

DAYNA LYNN HUNTER 630 ST. ANDREWS DR. APT 1301 MURFREESBORO TN 37128

JON DANIEL LONG LONG, BURNETT, AND JOHNSON, PLLC 302 42ND AVE. N NASHVILLE, TN 37209

12 GE CAPITAL RETAIL BANK 170 ELECTION ROAD, SUITE 125 DRAPER UT 84020

1ST CRD SRVC 377 HOES LANE PISCATAWAY NJ 08854

ADVANCE AMERICA 135 N. CHURCH STREET SPARTANBURG SC 29307

ADVANCE FINANCIAL 100 OCEANSIDE DRIVE NASHVILLE TN 37204-2351

AFNI PO BOX 3427 BLOOMINGTON IL 61702

AMERICAN FAMILY CARE
MSC 465
PO BOX 935
BIRMINGHAM AL 35201-0935

AMSHER COLLECTION SRV 4524 SOUTHLAKE PARKWAY SUITE 15 HOOVER AL 35244

ANYTIME FITNESS 206 ANDERSON LN N #300 HENDERSONVILLE TN 37075

ASHLEY FUNDING SERVICES, LLC C/O RESURGENT CAPITAL SERVICES PO BOX 10587 GREENVILLE SC 29603

BAY AREA CREDIT SERVICE P.O. BOX 467600 ATLANTA GA 31146

CASHCENTRAL 6785 BOBCAT WAY #200 DUBLIN OH 43016 CASHNETUSA
PO BOX 643990
CINCINNATI OH 46264-3990

CNAC - IN101 12082 HAMILTON CROSSING BLVD CARMEL IN 46032

COMCAST COMCAST CENTER 1701 JFK BLVD PHILADELPHIA PA 19103

COMMONWEALTH FINANCIAL SYSTEMS 245 MAIN ST DICKSON CITY PA 18519

COVINGTON CREDIT 347 E BROADWAY GALLATIN TN 37066-2320

CREDIT ONE BANK NA PO BOX 98873 LAS VEGAS NV 89193

EHRA MEDICAL SERVICES OF TN PC PO BOX 37821 PHILADELPHIA PA 19101-7821

EXETER FINANCE CORP PO BOX 166008 IRVING TX 75016

FOX COLLECTION CENTER
PO BOX 528
GOODLETTSVILLE TN 37070-0528

FOXLAND CROSSING C/O GARY S. RUBENSTEIN 501 UNION STREET, STE 701 NASHVILLE TN 37219

FRANKLIN ATHLETIC CLUB 112 RAND PL FRANKLIN TN 37064

GLOBAL TRUST MANAGEMENT LLC 4805 W LAUREL ST STE 300 TAMPA FL 33607

HENDERSONVILLE MEDICAL CENTER PO BOX 99400 LOUISVILLE KY 40269 INSOLVE AUTO FUNDING, LLC C/O CAPITAL RECOVERY GROUP, LLC PO BOX 64090 TUCSON AZ 85728-4090

INTEGRA CREDIT 200 W JACKSON BLVD, SUITE 500 CHICAGO IL 60606

KOHLS/CAPITAL ONE KOHLS CREDIT PO BOX 3043 MILWAUKEE WI 53201

KROGER CHECK RECOVERY CENTER PO BOX 30650 SALT LAKE CITY UT 84130

LABORATORY CORPORATION OF AMERICA PO BOX 2240 BURLINGTON NC 27216-2240

LVNV FUNDING LLC PO BOX 10497 GREENVILLE SC 29603

MEDICINE BOW INPT SVCS LLC 391 WALLACE RD.
NASHVILLE TN 37211

NES 1214 CHURCH ST. NASHVILLE TN 37246

NEWBERRY EMERGENCY PHYS. PLLC PO BOX 13706 PHILADELPHIA PA 19101-3706

OLD HICKORY LANE ER PHYS, PLLC PO BOX 37984 PHILADELPHIA PA 19101-7984

PHOENIX FINANCIAL SERVICES. LLC PO BOX 361450 INDIANAPOLIS IN 46236

PLAIN GREEN LOANS ACCOUNT SERVICES PO BOX 270 BOX ELDER MT 59521

PORTFOLIO RECOVERY PO BOX 41067 NORFOLK VA 23541 PREMIERE CREDIT OF N A 2002 WESLEY INDIANAPOLIS IN 46219

PURCHASING POWER
1349 WEST PEACH TREE STREET NW STE 1100
ATLANTA GA 30309-2956

RADIOLOGY ALLIANCE C/O FOX COLLECTION CENTER PO BOX 528 GOODLETSVILLE TN 37070

RESURGENT CAPITAL PO BOX 1927 GREENVILLE SC 29602

SAINT THOMAS MEDICAL PARTNERS ATTN #13380E PO BOX 14000 BELFAST ME 04915-4033

SMITH'S FOOD & DRUG CENTERS INC. 1550 S REDWOOD RD. SALT LAKE CITY UT 84104

SOUTHERN HILLS MEDICAL CENTER PO BOX 99400 LOUISVILLE KY 40269

SPEEDY CASH 8400 E 32ND ST NORTH WICHITA KS 67226

SQUARE ONE FINANCIAL/CACH LLC PO BOX 5980 DENVER CO 80127

SUMNER COUNTY AMBULANCE SRV C/O FOX COLLECTION CENTER PO BOX 528 GOODLETSVILLE TN 37070

SUMNER REGIONAL MED CTR PO BOX 99400 LOUISVILLE KY 40269

TRANSWORLD SYSTEMS INC 500 VIRGINIA DRIVE STE 514 FORT WASHINGTON PA 19034

WEBBANK/FINGERHUT 6250 RIDGEWOOD RD SAINT CLOUD MN 56303 WILLIAM CADO 1391 FOXLAND BLVD #J309 GALLATIN TN 37066

WORLD FINANCIAL NETWORK BANK PO BOX 182125 COLUMBUS OH 43218